

Submit or Change Facility Information Form

This form may be used to:

- Document correction of inaccurate or missing information for a facility that is already in CITSS, or
- Document the addition of a facility into CITSS that has never been entered into CITSS.

Consistent with CITSS documentation procedures, either of the above actions can be electronically entered and proposed in CITSS by an entity representative (PAR or AAR). Hard copy documentation of the actions with attestations and original signatures must be submitted to the ARB Registrar for approval before the changes become effective. This form can be used as acceptable documentation of these actions. You may print the completed facility Information page from CITSS and attached the attestations page from this form.

Existing Facility

A representative (PAR or AAR) can revise information about a facility already associated with the entity account by selecting the "Edit Facility" button at the bottom of the Facility Information page in CITSS. Most changes to facility information do not require documentation for Registrar approval. Changes to the Facility Legal Name, Facility Operating Name, the GHG Emissions Reporting ID, or the North American Industry Classification System (NAICS) code require Registrar approval based on receipt of hard copy documentation with a signed attestation.

Addition of a new or missing Facility

A new or missing facility is a covered facility that is already owned by an entity but has never been entered into CITSS. **NOTE:** If your entity has purchased a covered facility, please consult the Change of Ownership Form provided by ARB. Changes in facility ownership require coordination between the selling and purchasing entities, moving information in CITSS between entity accounts, and documenting possible changes in corporate associations and structure. This form does not provide adequate documentation of a facility change in ownership.

A representative (PAR or AAR) can enter the information to add a new or missing facility to an entity's CITSS account. The page to enter a new or missing facility is accessed by selecting the "Add a Facility" button at the bottom of the Facilities tab in CITSS.

Documentation

Your entity will be responsible for managing the cap-and-trade compliance obligations for the facility or facilities associated with your entity account in CITSS. This form may be used to document changes in existing facility information or a new facility entered into CITSS. Documentation in another format may be submitted, but increases the risk that incomplete information might be provided that could delay consideration by the Registrar.

ARB recommends that a representative complete the following Facility Information page with changed or new facility information or print CITSS Facility Information page showing the new information entered in CITSS. If you are entering information for more than one facility, provide a completed Facility Information page for each facility.

The last page of this form provides the require attestations that must be signed by an entity representative (PAR or AAR) and a Corporate Director or Officer. Original signatures are required on the submitted form.

Mail completed documentation to: California ARB

Attn: CITSS Registrar 1001 I Street, 6th Floor Sacramento, CA 95814

Upon receipt and review, the Jurisdiction Registrar will send an email to the PAR and AARs notifying them of approval, denial, or pending status of the proposed changes.

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FACILITY INFORMATION PAGE

Entity Information CITSS Entity ID _____ Legal Name _____ Operating Name_____ **Facility Information** CITSS Entity ID ___ Changes to the following four fields require hard copy documentation to the Registrar for approval. Facility Legal Name ___ Facility Operating Name _____ GHG Emissions Reporting ID NAICS Code ____ If this facility is already in CITSS, and not a new or missing facility, the following fields can be updated in CITSS without Registrar approval or submittal of documentation. If you are adding a new or missing facility that is not already in CITSS, you must complete the following information or print and attach the completed "Add a Facility" page from CITSS. **Facility Physical Address** Address Line 1 Address Line 2 Province or State ___ Postcode or Zip Code Country____ **Facility Mailing Address** Address Line 1 _____ Address Line 2 Province or State Postcode or Zip Code_____ **Facility GHG Reporter Contact** Contact First Name Contact Last Name ___ Contact Job Title Contact Phone Number _____

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Contact Email Address

Contact Mobile Phone Number _____

Attestations

The following attestations must be completed with original signatures and submitted with the facility information pages. Your entity will be responsible for managing the cap-and-trade compliance obligations for any facility listed below.

PAR or AAR Attestation:
Last Name
First Name
User Reference Code
I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. I certify under penalty of perjury of the laws of the State of California that the statement of information submitted to ARB is true, accurate, and complete.
I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.
Print Name:
Date:
Employer Name:
Title:
Signature:
Entity Director or Officer Attestation (This attestation is required to add a new facility, but is not
required to change information of an existing facility that is already associated with the entity.)
I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. I certify under penalty of perjury of the laws of the State of California that the statement of information submitted to ARB is true, accurate, and complete.
Print Director or Officer Name:
Date:
Employer Name:
Title:
Signature:

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